

REQUEST FOR APPLICATIONS

NEIGHBORHOOD BASED ACTIVITIES
FY 2007

APPLICATION FORM

PARTS 1 AND 2

Part 1: Organizational Profile and Capacity Use Part 1 of the application to provide basic information about your organization and to demonstrate its project management and administrative capacity.		Total Points Available in Part 1: 100
1. Provide basic information about your organization.		
Name of Organization		
Year Established		
Overall Organizational Service Area		
Primary Contact Person/Title		
Site Address		
Mailing Address (if different)		

Phone	
Fax	
Email	
Mission	

Application Certification:

Signature of Authorized Representative (staff) Date

Signature of Governing Board President or Chair Date

2. Provide information about the key staff at your organization who will have responsibility for this activity (add additional rows if necessary).				Points Available: 15
				Score:
Key Staff	Name	Title	Job Responsibilities	Years with organization
Number of Full-time Staff	2002	2003	2003	2005
Number of Part-time Staff				
Number of Staff Departures (excluding interns)				

3. Provide information about your organization's Board of Directors. Add additional rows and expand cells as necessary.						Points Available: 10	
						Score:	
Name	Role	Home Address	Stakeholder representation ¹	Profession	Affiliations	Length of Tenure	
				Average Tenure:			

¹ The Department strongly generally prefers that a majority of the organization's Board be stakeholders in the community of low- and moderate-income District households in one of three ways (use the following letter code to indicate for each Board member whether one or more apply):

- ? A – indicates that the member is him/her-self a member of a low-/moderate-income District resident household;
- ? B – indicates that the member owns or is a senior officer of private establishment and/or other institution located in and serving the District of Columbia's low-/moderate-income households; and/or
- ? C – indicates that the member is a representative of a District neighborhood organization with a proven track record of serving low- and moderate-income residents.

<p>4. Provide information to demonstrate that your Board possesses: (1) skills and/or experience related to affordable housing, community development, and neighborhood revitalization, and (2) legal, business, and management skills required to oversee a significant Neighborhood Based Activity in partnership with the District government. As appropriate, describe key Board initiatives within the past three years that demonstrate these capabilities</p>	<p>Word Limit: 300</p>	<p>Points Available: 10</p>
<p><insert response here></p>		<p>Score:</p>

5. Please provide the following financial information about your organization.				Points Available: 10
				Score:
	2002	2003	2004	2005
Annual Operating Budget				
Operations Surplus (deficit)				
Total Assets				
Net Assets				

6. Describe your organization's systems for managing finances, information, and administrative functions	Word Limit: 300	Points Available: 10
		Score:
<insert response here>		

7. Please provide information about your organization's major sources of funding (over \$10,000).					Points Available: 10	
					Score:	
2003		2004		2005		
Funder	Amount	Funder	Amount	Funder	Amount	

8. Provide contact information for three references from funding sources or other entities who are well acquainted with your organization's ability to achieve positive outcomes within a budget and who are willing to provide detailed information about your organization's capacity and performance ² .			
	Organization	Contact Person	Telephone
a.			
b.			
c.			

² DHCD reserves the right to act as its own reference (in addition to those listed) for any applicant.

9. Provide information about your organization's recent activities, demonstrating success in implementing performance-based outcomes. ³ Highlight recent accomplishments related to the proposed activity. Add additional rows and expand cells as necessary.					Points Available: 10
					Score:
Activity Name	Partner Organizations	Budget	Target Population	Start/End Dates	Outcomes/Deliverable Products

³ Activities listed should have start dates no earlier than 2002

10. Describe the standards, indices, or measures you would use to determine if an activity has met its goal(s). Expand cell as necessary.	Word Limit: 200	Points Available: 5
		Score:
<insert response here>		
11. Describe your organization's systems for program management and tracking of accomplishments. Expand cell to an additional page as necessary.	Word Limit: 200	Points Available: 10
		Score:
<insert response here>		

<p>12.a. Describe recent challenges faced by your organization and the process used to address those challenges.</p> <p>12.b. What are the most significant challenges facing your organization today, and how do you plan to respond?</p>	<p>Word Limit: 300</p>	<p>Points Available: 10</p>
		<p>Score:</p>
<p><insert response here></p>		

**NEIGHBORHOOD BASED ACTIVITIES
REQUEST FOR APPLICATIONS
Part 2 Checklist**

(This checklist is to be completed **ONCE** for each application, regardless of the number of activities or activity/project areas proposed. For each Activity Proposed, check the appropriate box at the left. For each Activity checked, check one or more of the applicable service area, Hot Spot, commercial corridor, project area boxes on the right.)

		Project/Activity Area			Project/Activity Area		
<input type="checkbox"/>	Business/ Corridor Development	<input type="checkbox"/>	Georgia Avenue	<input type="checkbox"/>	Crime Prevention Initiatives	<input type="checkbox"/>	Georgia Avenue
		<input type="checkbox"/>	H Street, NE			<input type="checkbox"/>	Columbia Road
		<input type="checkbox"/>	Benning Road, NE			<input type="checkbox"/>	14 th and Clifton
		<input type="checkbox"/>	Martin Luther King, Jr., Ave. SE			<input type="checkbox"/>	Kennedy Street
		<input type="checkbox"/>	Pennsylvania Avenue, SE			<input type="checkbox"/>	Rhode Island Avenue
		<input type="checkbox"/>	Minnesota Avenue, NE			<input type="checkbox"/>	17 th Street and M Street, NE
		<input type="checkbox"/>	Burroughs Avenue, NE			<input type="checkbox"/>	Sursum Corda
		<input type="checkbox"/>	North Capitol Street			<input type="checkbox"/>	Orleans Place
		<input type="checkbox"/>	9 th Street, NW			<input type="checkbox"/>	Clay Terrace
		<input type="checkbox"/>	O Street, NW			<input type="checkbox"/>	50 th Street, NE
		<input type="checkbox"/>	Northwest One			<input type="checkbox"/>	Elvans Road, SE
		<input type="checkbox"/>	Other			<input type="checkbox"/>	Woodland Terrace (Ainger Place)
		<input type="checkbox"/>	Housing Counseling			<input type="checkbox"/>	Far Southeast
<input type="checkbox"/>	Near Southeast			<input type="checkbox"/>	Other		
<input type="checkbox"/>	Far Northeast			<input type="checkbox"/>	Façade/Storefront Improvement	<input type="checkbox"/>	Georgia Avenue
<input type="checkbox"/>	Near Northeast/ Southwest					<input type="checkbox"/>	H Street, NE
<input type="checkbox"/>	Central City					<input type="checkbox"/>	Benning Road, NE
<input type="checkbox"/>	Latino Community City-wide					<input type="checkbox"/>	Martin Luther King, Jr., Ave. SE
<input type="checkbox"/>	Other					<input type="checkbox"/>	Pennsylvania Avenue, SE
<input type="checkbox"/>	Support for Expiring Subsidy* (indicate Property/ Project addresses)	<input type="checkbox"/>	1.	<input type="checkbox"/>	Minnesota Avenue, NE		
		<input type="checkbox"/>	2.	<input type="checkbox"/>	Burroughs Avenue, NE		
		<input type="checkbox"/>	3.	<input type="checkbox"/>	North Capitol Street		
		<input type="checkbox"/>	4.	<input type="checkbox"/>	9 th Street, NW		
		<input type="checkbox"/>	5.	<input type="checkbox"/>	O Street, NW		
		<input type="checkbox"/>	6.	<input type="checkbox"/>	Other		

* For these activities, only one Part 2 of the Application Form is required. Project/Property Addresses should be indicated on this checklist. Applicants should use questions #3 and #4 to provide some detail and background on EACH Property/Project address, which is proposed. If there are more than nine Property/Project addresses proposed, please provide further detail in your answer to question #3 and #4.

Part 2: Proposed Activities and Outcomes for Neighborhood Based Activities Use Part 2 of the application to demonstrate both your knowledge of the need for this activity and your organization's ability to address those needs.		Total Points Available in Part 2: 100
1. Describe your organization's service area and the population the organization serves. Expand cell to additional page as necessary.	Word Count: 300	Points Available: 10
Score:		
<insert response here>		

<p>2. What are the greatest needs of your organization's service area relative to the project area, commercial corridor, Hot Spot, etc. for which funds are being requested? On what data are your assumptions based? Note: applicants would do well to study DHCD's Action Plan target areas, and as applicable, New Communities, Great Streets, HUD NRSAs, Crime Hot Spots, DC Office of Planning Initiatives and/or other District priorities for data to support the needs documented.</p>	<p>Word Limit: 300 words</p>	<p>Points Available: 20</p>
		<p>Score:</p>
<p><insert response here></p>		

<p>3. (a)Describe in detail the Neighborhood Based Activity your organization proposes to undertake, through responding to this RFA. Provide some detail on the process by which this activity will be conducted. Explain why you believe these activities are needed and how they address the community needs identified in #2 above. Explain how the activity proposed is not duplicative with initiative funded through other District agencies.</p>	<p>Word Limit: 800 words</p>	<p>Points Available: 25</p>
		<p>Score:</p>
<p><insert response here></p>		

(b) Please provide a brief work plan for the proposed activity in the space below (add additional steps as necessary).			
Major Tasks		Start Date	Complete Date
1.			
2.			
3.			
4.			
5.			
6.			

5. Describe your organization's experience in delivering similar outcomes , including the budgets required to deliver those outcomes..	Word Limit: 300 words	Points Available: 15
		Score:
<insert response here>		

6. Describe how your organization will leverages resources to support and enhance the outcomes envisioned by this project.	Word Limit: 300 words	Points Available: 10
		Score:
<insert response here>		